

SELECTIVE SERVICE SYSTEM RECORDS REQUEST
Year of Birth Prior to 1960

Provide the following information on the registrant and mail this form with any attachments to:

National Archives & Record Administration
National Archives – Saint Louis
ATTN: RL-SL
P.O. Box 38757
Saint Louis, MO 63138-0757

DO NOT PROVIDE CREDIT CARD INFORMATION; IF RECORDS ARE FOUND, YOU WILL RECEIVE AN INVOICE FOR PAYMENT

PLEASE PRINT

* Name of Registrant: _____
Last First Middle

Selective Service Number (if known): _____

* Date of Birth (mm/dd/yyyy): _____

* Home Address at time of Registration: _____
Street Address

City County State

Place of Registration (if known): _____
Street Address

City County State

* Record Requested (please check one):
Registration Card
Classification Ledger
Registration Card **AND** Classification Ledger

* Contact Information:

Name: _____ Address: _____
Street Address

Telephone Number: _____
City State Zip Code

* **Mandatory Information – Forms without mandatory information will be returned.**

PRIVACY ACT STATEMENT

Collection of this information is authorized by 44 U.S.C. 2104(a). Disclosure of this information is voluntary; however, we will be unable to respond to your request if you do not furnish your name and address, and the minimum required information regarding the record. The information is used by NARA employees to search for the record, to respond to you, to maintain control over requests received and answered, and to facilitate preparation of internal statistical reports.